

Kevin Dresser Wrestling Camps

Release / Waiver of Claims

I/We the parent(s)/guardian(s) of the below-named athlete or coach, who is a candidate to attend the 2009 KEVIN DRESSER WRESTLING CAMPS, do hereby give my/our approval to my/his/her participation in all of the activities of the KEVIN DRESSER WRESTLING CAMPS. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the associated activities. I/We do hereby release, absolve, indemnify, and hold harmless the KEVIN DRESSER WRESTLING CAMPS, as well as the organizers, sponsors, volunteers, coaches, supervisors, and school officials. In case of injury to my/our child, I/we hereby waive all claims against the organizers and of any of the supervisors/coaches/assistants appointed by them. I/We likewise release from responsibility any person(s) transporting my/our child to and from the activities of the KEVIN DRESSER WRESTLING CAMPS. To date, I/we have no knowledge of any medical problems or conditions that might endanger or preclude the participant from participating in this activity. Any other medical conditions, which I agree are not serious enough to preclude my/our child's participation in the activities of the KEVIN DRESSER WRESTLING CAMPS, are noted below. If the participant is currently under a doctor's care, I/we will consult the participant's physician prior to his/her participation.

In signing this Release / Waiver (below) I/We acknowledge that I/We have read and agree to comply with the policies and rules of the camp. We further acknowledge that failure to follow these rules and policies may result in dismissal from the clinic without refund.

DO YOU HAVE MEDICAL INSURANCE – CHECK ONE?

NO: ___ YES: ___

POLICY HOLDER'S NAME: _____

NAME OF INSURANCE COMPANY: _____

INSURANCE COMPANY ADDRESS: _____

INSURANCE COMPANY POLICY NUMBER: _____

DOES YOUR CHILD HAVE ANY EXISTING MEDICAL CONDITIONS? NO: ___ YES: ___

IF YES, PLEASE EXPLAIN:

ATHLETE'S PRINTED NAME: _____

ATHLETE'S SIGNATURE: _____

PARENT'S / GUARDIAN'S PRINTED NAME: _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ **DATE:** _____